## **COMPLAINT FORM**

This form can be used to submit a complaint to BESCA. Please ensure that all other methods are explored prior to submitting a complaint. Please contact the BESCA team on 01768 860457 for further guidance. Please complete all sections of the form prior to submission. Acknowledgement of receipt will be made in line with BESCA's Complaints Policy as detailed at **besca.org.uk** BESCA is committed to ensuring that your privacy is protected.

Visit www.besca.org.uk/complaints-and-appeals/privacy-policy to find out more about how we process your data and your rights.

COMPLAINT 1	ГҮРЕ							
Customer Service	Registration Process	Audit and Inspection		eme cific	Other			
CONTACT DETAILS								
Full Name:								
Address: (With Postcode)								
Telephone:			Email:					
COMPANY DE	TAILS							
Company Name:								
Address: (With Postcode)								
Telephone:			Email:					
DECLARATIO	N							
once the complaint	the information submitted is submitted, no further is sponded and reviewed in a	information may be su	bmitted unless	written perm	_			
Full Name:								
Signature:			Date:					
OFFICE USE O	NLY							
Date Received:		Ackno Date:	owledgement					
Complaint Ref. Number:		Owne	er:					









COMPLAINT DETAILS					
* Please make sure you have included all of the information you wish to be considered as part of your complaint.					
* Any relevant documentation you wish to be considered is enclosed.					









## **DOCUMENTS ENCLOSED**

SUPPORTING DOCUMENT NAME:	DATE:
	1







